NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**New York Forward Child Care Expansion One-Time Reopening/Restructuring Temporary Operating Assistance Application Instructions**

For Family Day Care, Group Family Daycare, Small Day Care Centers, Small Day Care Centers, Day Care Centers, New York City Group Day Care Programs, and School-Age Child Care

**\*Please Note: This is not the grant application. These are instructions to complete the grant application. \***

**Instructions:**

* Please read the application and all instructions carefully. All questions must be answered as instructed.
* All applications and supporting documents must be submitted by 5 p.m. July 15, 2020. Applications should be submitted online to [ocfs.sm.CARES2LR@ocfs.ny.gov](file:///C:\Users\ax9740\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\TKXAFHBN\ocfs.sm.CARES2LR@ocfs.ny.gov)
* OCFS is not responsible for lost, undelivered applications and/or documentation.
* Monies will be reimbursed upon application approval and submission of all required documentation (i.e., receipts)
* If applicable, advances are only available for Temporary Operating Assistance Grants.

**Part I – Application**

**General Information and Eligibility Questions: Required for All Applicants**

* To begin the application, enter your program name and Facility ID or New York City (NYC) Permit Number.

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| Program Name: | Facility ID or NYC Permit Number: |

**Program Information:**

* In this section you will enter program information.
* In the first box enter the first and last name of your program’s contact. You will also enter the program’s name, street address, city, state, and zip code. You will also enter a contact phone number and your program’s email address.
* In the second box you will answer the following questions:
  1. Is your program currently open?
  2. If you answer “No,” indicate when your program anticipates reopening. **Please note, programs must reopen within two weeks of OCFS application approval.**
  3. Indicate what age groups your program serves.
  4. Indicate if your program was open or closed on June 15, 2020.

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| Applicant’s Program Contact: | | | |
| First Name | Last Name | | |
| Program’s Name: | | | |
| Street Address: | | | |
| City: | | State: | Zip Code: |
| Phone Number: | | | |
| Program’s Email Address: | | | |

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| 1. Is your program currently open and serving families? | Yes  No |
| 2. If “No,” when will your program reopen? | /     /     \*  (MM/DD/YY)  \*Programs must plan to reopen within two weeks of application submission to be eligible for either grant. |
| 3. What age groups does your program serve?  (Choose all that apply.) | Ages of children served:  Infant  Toddlers  Preschool  School Age |
| 4. Was your program open or closed on June 15, 2020? | Open  Closed |

**Part II – Eligibility Questions Required Only for Those Who Responded “Open” on Question 4**

**In Part I**

* In this section, you will answer questions 1–4.

1. Enter your program’s licensed/registered/permitted capacity on March 1, 2020.
   * This refers to your pre-pandemic license/registration on file with the Office. This does not include any COVID-19 waivers to increase capacity. This is not your preferred enrollment. This does not include social-distancing guidelines capacity.
2. Enter how many children were in care on June 15, 2020.
   * This refers to physical children present. Do not include children who are paying to hold spots/enrollment. This does, however, include CARES subsidy funds to cover child absences. Think of a fire drill, how many children would you tell the fire inspector need to be accounted for that day, including any child receiving subsidy that covers absences.
3. Enter how many additional children your program will be able to serve as a result of this grant through increasing or restoring enrollment up to your licensed capacity.
   * How many slots/enrollments are you trying to create through this grant? This number should include the children currently in care on June 15, 2020.
4. Enter how many children you anticipate will be in care potentially on July 31, 2020, including children currently served.

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| **Question** | **Answer** |
| **If you answered “Open,” please complete the following questions. If your program is “Closed,“**  **skip this section and respond questions on Part III.** | |
| 1. What is your program’s licensed/registered/permitted capacity? |  |
| 2. If your program has been operating, how many children were in care on June 15, 2020? |  |
| 3.. How many additional children will your program be able to serve as a result of this grant through increasing or restoring enrollment up to your allowable capacity? |  |
| 4. How many children do you anticipate your program will serve on July 31, 2020? |  |

**Part III – Eligibility Questions Required Only for Those Who Responded “Closed” on**

**Question 4 in Part I**

* **If you answered “Closed” to question 4 in Part I, please answer the following questions. If not, please skip to Part IV.**
* What does it mean to be closed? A program should be listed as “closed” in the Child Care Facility System (CCFS) or have notified its regulator. Programs that closed operationally and did not notify anyone will NOT be considered closed for purposes of being in Group A. Programs that were not in operation on June 15 but were closed due to a vacation day or a planned break would be considered “open.”

1. What is your program’s licensed/registered/permitted capacity?

* This is your pre-pandemic license/registration on file with the Office. This does not include any COVID-19 waivers to increase capacity. This is not your preferred enrollment. This does not include social-distancing guidelines capacity.

1. If your program has not been operating due to COVID-19, what is your anticipated reopening date?
   * This is the date you anticipate reopening your program. This date must be no later than July 29, 2020.
2. How many children will your program serve upon reopening?
   * This should be the number of children physically in care per age group when the program reopens.
   * Attendance documents must be submitted, but names of children are not required.
   * Children should not be identified based on subsidy status.
   * Programs are encouraged to survey parents about when children are returning to care.
3. How many children do you anticipate your program will serve on July 31, 2020?
   * Potentially how many children will be in care on that date. This number may be the same or higher than the number of children your program will serve upon reopening (but cannot be lower).

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| **If you answered “Closed,” please complete the following questions. Otherwise skip to Part IV.** | |
| What is your program’s licensed/registered/permitted capacity? |  |
| If your program has not been operating due to COVID-19, what is your anticipated reopening date? | /     / |
| How many children will your program serve upon reopening? |  |
| How many children do you anticipate your program will serve on July 31, 2020? |  |

**Part IV – Required Eligibility Checklist for All Applicants to Determine Grant Eligibility**

* **In this section you will determine your grant eligibility.**
* **Answer “Yes” to ONLY ONE of the four options that most accurately describe your program.** 
  1. **Group A** - If you were not operating on June 15, 2020, due to COVID-19, but plan to reopen within two weeks of submitting your application, you are eligible for both grants and should complete the entire application. You must plan to reopen by July 29, 2020, to become eligible for the grant(s).
     + **For example,** you were closed on June 15, 2020, submitted your application on July 15, 2020, and are planning to reopen to serve 20 children by July 29, 2020.

1. **Group B** - If you are currently operating and are planning to increase the number of children served by the program by adding additional classrooms/groups, you are eligible for both grants and should complete the entire application.
   * + **For example**, you add another classroom/group to care for an additional age group.
2. **Group C** - If you are currently operating and are planning on expanding the number of children served by the program but will maintain the same number of classrooms/groups, then you are eligible for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant ONLY and should submit the entire application except for Part VIII.
   * + **For example**, you are currently caring for fewer children than you are licensed/registered for but want to care for additional children without the need to open a new classroom/add a new group.
3. **Group D** - If your program is currently operating and will NOT be expanding the number of children served, but needs additional materials, activities, or supplies to comply with social-distancing requirements, then you MAY be eligible for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant if funds are available. Please complete the entire application except for Part VIII.

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| **Answer “Yes” to ONLY ONE of the following four options that most accurately describes your program.** | |
| 1. **Group A** - My program was closed (not operating) on June 15, 2020, due to COVID-19, but I plan to reopen within two weeks of submitting this application.   **Note:** This answer must be consistent with answers in Parts I and III. | Yes  No  If true, you are eligible for both grants. Please complete the entire application to apply for both grants. |
| 1. **Group B** - My program is currently operating, and I am expanding the number of children served by the program by adding additional classrooms/groups (for example, increasing from seven to 18 kids, requiring a second classroom or group within a classroom).   **Note:** This answer must be consistent with  answers in Parts I and II. | Yes  No  If true, you are eligible for both grants. Please complete the entire application to apply for both grants. |
| 1. **Group C** - My program is currently operating, and I am planning on expanding the number of children served by the program but maintaining the number of classrooms/groups (for example, increasing from four kids to eight kids within one preschool classroom).   **Note:** This answer must be consistent with answers in Parts I and II. | Yes  No  If true, you are eligible for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant only. Please complete the entire application except for Part VIII. |
| 1. **Group D** - My program is currently operating. It will NOT be expanding the number of children served, but needs additional materials, activities, or supplies to comply with social distancing rules.   **Note:** This answer must be consistent with answers in in Parts I and II | Yes  No  If true, you MAY be eligible for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grants if funds are available. Please complete the entire application except for Part VIII. |

**Part V – Required for All Applicants**

* In this section you will indicate which program(s) you are applying for – check all that apply.

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| Which program(s) are you applying for? | One-Time Reopening/Restructuring Materials, Activities and Supplies Grant (Groups A-D eligible)  Temporary Operating Assistance Grant (Groups A and B eligible)  Both (Groups A and B eligible) |

**Part VI – Proposed Budget and Budget Narrative**

* **In the Appendix A, Budget Template for New York Forward Child Care Expansion Incentive Grants, you will click on the Reopening/Restructuring Tab in the lower left corner of the document.** This section is required for Groups A-D applicants, as defined in Part IV.
* This section is required for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant.
* The template includes an Eligibility Group drop-down box for you to click on to select your eligibility group (A-D), as indicated in Part IV above.
* Next you will click on the “Modality” drop-down box to select your modality. If you are a legally exempt provider, you must complete the budget template (**Appendix A**), but make sure you are completing the **OCFS-5451** *Application* form as well.
* After selecting your eligibility group and modality, the maximum grant award amount should appear in the budget template and match the amount in the chart below.
* Enter your budget under the “Actual Budget for Reopening/Restructuring Operating Grants” heading. You will complete the category, description, quantity and unit cost columns, and the proposed expenditure for each line will automatically calculate. You must submit a budget equal to the maximum grant award amount. It is important to note that if your application is approved, you may only receive the Guaranteed Grant Award Amount (67.25 percent of the maximum award) depending on the number of approved applications and funding available (see Solicitation of Interest (SOI) Grant Opportunity Document).
* You must also submit a narrative explaining how the One-Time Grant for Reopening/Restructuring Materials, Activities and Supplies will support the increase or restoration of enrollment.
* Use additional sheets as necessary.

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| **Modality** | **Grants** |
| Family Day Care | $1,000 |
| Group Family Day Care | $1,250 |
| Day Care Center | $1,600 |
| Small Day Care Center | $1,200 |
| School-Age Child Care | $1,600 |
| Legally Exempt | $ 300 |

**Part VII – Required Questions for the One-Time Reopening/Restructuring Materials, Activities, and Supplies Grant (Required for Groups A, B, and C Applicants, as defined in Part IV)**

* In Part V you will provide a narrative answer to questions (1-4) where you are seeking grant money to support modification, activity, supplies, or training.
  + Physical Space Modification Needs
    - Describe the pre-pandemic layout of your program and how adaptations will be made to meet all regulatory and social-distancing physical space requirements.
    - Any proposed adaptations that will be funded through the grants must be accompanied by a floor plan or photos of the proposed space.
    - If you are not requesting funds for space modifications write N/A.
  + Supplies for Increased Enrollment
    - Describe the need for any additional materials, either for social-distancing supplies (e.g., art supplies) or cleaning supplies, or personal protective equipment.
    - For social-distancing supplies, indicate how many children will be served.
    - If you are not requesting funds for supplies for increased enrollment write NA.
  + Training
    - Describe how many hours of training are needed and how many individuals will be trained for staff that will be added to expand the number of children served.
    - If you are not requesting funds for training, write NA.
  + Other
    - Describe in the answer to question 4 any other purposes for the requested funds.

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| **Purpose of Requested Funds** | **Description** |
| **1. Physical Space Modification Needs**  Describe the pre-pandemic layout of the program, and how the program will make adaptations to meet all regulatory and social-distancing physical space requirements. Any of the proposed adaptations that will be funded through these grants must be accompanied by a floor plan or photos of the proposed space.  If funding is not being requested for space modifications, write N/A. |  |
| **2. Supplies for Increased Enrollment**  Describe the need for any additional supplies either for social-distancing supplies (e.g., individual art supplies) or cleaning supplies, or personal protective equipment. For social distancing supplies, note how many children will be served.  If funding is not being requested for supplies, write N/A. |  |
| **3. Training**  Describe how many hours of training are needed and how many individuals will be trained for any staff that will be added to expand the number of children served.  If funding is not being requested for training, write N/A. |  |
| **4. Other**  Describe if there are other purposes requested for the funds. |  |

**Part VIII – Required Questions for Temporary Operating Assistance Grant (Required for Groups A and B, as defined in Part IV)**

* In Part VIII you will answer required questions for the Temporary Operating Assistance Grants
  + Pre-Pandemic Enrollment
    - Please submit your enrollment roster as of March 1, 2020, labeled with the classroom/group number and submitted with this application (see example below).
    - Attendance sheets from March 1, 2020, will be accepted.
    - The names of specific children are not needed; however, if that is how you have prepared the information you can submit it that way.
    - These are children physically in care. You may only submit an application for up to five classrooms.
      * **For example:** Classroom 1, Infants: eight children

Classroom 2, Infants: six Children

Classroom 3, Toddlers: 10 children

Classroom 4, Toddlers: 10 children

Classroom 5, Preschool: 18 children

* + Mid-Pandemic Enrollment
    - Submit your roster of children in care on June 15, 2020, labeled with the classroom/group number. Note if your program was closed on this date. (Please note: Programs serving children paid for via child care subsidies should count those children as enrolled/present if programs have received payments for absences. Programs should NOT identify which children these affects to on your roster; only the total number of children should be indicated .
      * **For example**, you care for five children, three of which receive subsidy. Of the three children, two have been absent; however, you have been paid for absences by your local department of social services. You would therefore count these children in your enrollment.
    - If the program was closed, please write “closed.” If the program was open, please submit the list of children in care labeled with the classroom/group type and number. Again, this is the number of children physically present (number of children that you would report in the case of a fire) AND any children paid for via child care subsidies if programs have received payments for absences.
      * **For example**, if Child A was having their absence paid for by subsidy, and there are five children physically present, the program should report six children.
  + Summer Enrollment
    - Submit your anticipated roster of children in care for July 31, 2020, labeled with the classroom/group type and number with your application.
    - Programs are encouraged to contact families and inquire about anticipated returns.
    - This should be more classrooms than you listed above in Mid-Pandemic Enrollment.
    - When listing children by classroom/group type and number, they should stay in their age groups where applicable. HOWEVER, if there are children in your program for whom you have been receiving subsidy funds for paying for a child’s absence, that child counts as a child in care.
    - Programs should NOT identify which children in their program are receiving subsidies.
  + Budget
    - Explain fully the extent to how these funds will help you open or help increase the number of children in care.
    - Submit a budget for monthly classroom expenses.
    - A budget template has been provided as **Appendix A**.
  + Sustainability
    - Submit a plan for how your program will maintain the enrollment and plan to return to and maintain pre-pandemic enrollment.
  + How many classrooms are you applying to restore with this grant?
    - Enter the number of classrooms you are applying to restore (the maximum is five classrooms).
  + Temporary Operating Grant Advance Request Requirement:
    - To the extent available, the grantee has dispersed all funds available from program income (including repayments to a revolving fund), rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting an advance payment.
    - The advance payment request is limited to the minimum amounts needed to carry out the approved program.
    - Payments must be timed to be in accordance with the actual, immediate cash requirements.

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| **Required Submissions** | **Confirm Submission** |
| **1. Pre-Pandemic Enrollment**  You must submit your enrollment roster as of March 1, 2020, by classroom with this application. | Did you submit?  Yes  NO |
| **2. Mid-Pandemic Enrollment**  You must submit your roster of children in care on June 15, 2020, by classroom.  Please note if your program was closed on this date.  (**Please Note:** Programs serving children paid for with child care subsidies should count those children as attending/present if programs have received payments for their absences by the local department of social services. Programs should NOT identify these children on the roster; only the total number of children should be indicated.) | Did you submit?  Yes  NO |
| **3. Summer Enrollment**  You must submit your anticipated roster of children in care for July 31, 2020, by classroom with your application. Programs are encouraged to reach out to families to ask about anticipated returns.  (**Please Note:** Programs serving children paid for with child care subsidies should count those children as attending/present if programs have received payments for their absences by the local department of social services. Programs should NOT identify these children on the roster; only the total number of children should be indicated.) | Did you submit?  Yes  NO |
| **4. Budget**  You must submit a budget for monthly classroom expenses for the grant funds using the budget template or **Appendix A**. | Did you submit?  Yes  NO |
| **5. Sustainability Plan**  You must submit a plan for how programs will maintain the enrollment and plan to return to pre-pandemic enrollment levels, especially as grant funds are reduced. | Did you submit?  Yes  NO |
| **6. How many classrooms are you applying to restore with this grant?**  The maximum number of classrooms that a program can apply for is five.  (**Please Note:** In the event that the dollar value of applications exceeds the funding available for this grant, all approved applications will receive a proportional grant amount for one classroom before grants are awarded for additional classrooms.) | Number of classrooms: |
| **7. Temporary Operating Grant Advance Request Requirements**  Advance requests must be made in accordance with 2 CFR Part 200, which includes but is not limited to the following requirements:   1. To the extent available, grantee has dispersed all funds available from program income (including repayments to a revolving fund), rebates, refunds, contract settlements, audit recoveries, and interest earned on such funds before requesting an advance payment 2. The advance payment request is limited to the minimum amounts needed to carry out the approved program. 3. Payments must be timed to be in accordance with the actual, immediate cash requirements. | **Temporary Operating Grant Advance Amount Requested: $** |

**Attestation**

* **All required items must be submitted to the Office of Children and Family Services (OCFS) to avoid delays in processing your application.**
* **By signing the application, you agree to the following:**
* You must agree to comply with ALL the attestations.
* Program MUST remain open until December 31, 2020, and remain in good standing with OCFS.
* Programs whose license/registration are suspended, voluntarily surrendered, denied, or revoked will lose eligibility.
* Programs will not be penalized if they are closed for health reasons for a second wave of COVID-19.

**By signing this document, I attest to the following:**

* I agree that my program will follow all OCFS regulations and New York State Department of Health guidance, and New York City Department of Health and Mental Hygiene as applicable.
* I intend my program to be operating through December 31, 2020. I understand that I may be required to return a proration of the funding if it does not occur.
* I will use funds for allowable purposes, as specified in the grant or as approved by OCFS, and for no other purposes.
* I have submitted all required documentation.
* I will report to OCFS on a weekly basis, as requested by the agency, the number of children in care by age group.
* I understand that, regardless of my eligibility, the New York Forward Child Care Expansion Incentive Temporary Operating Assistance is contingent on the availability of funds to support it.
* I understand that this is a reimbursement process, and that receipts must be submitted to my local child care resource and referral agency in order to be reimbursed for approved expenditures unless my organization meets the criteria for an advance of Temporary Operating Grant funds.
* If requesting an advance, it is limited to the minimum amount needed to carry out the purpose of the approved program.
* Any advance payment request amount is limited to direct program or project-related costs.
* Disbursement of any advance payment received by my organization will be timed in accordance with the actual, immediate cash requirement in carrying out the purpose of the approved program
* I certify that the information provided in this application is true and correct to the best of my knowledge, and that I have not withheld relevant information.

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| Signature of individual authorized to bind the organization: | Date: |
| Printed Name: | |
| Role/Title: | |

\*Only one application per program